10/579613 (AP20 Rec'd PST/PTO 17 MAY 2006

Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: SERUM ALBUMIN CONJUGATED TO

FLUORESCENT SUBSTANCES FOR

IMAGING

Attorney Docket Number:: BIDM-P01-015

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: V.

Family Name:: Frangioni

City of Residence:: Wayland

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 34 Wayland Hills Road

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City of mailing address:: Wayland

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01778

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shunsuke

Family Name:: Onishi

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1731 Beacon Street

#1413

City of mailing address:: Brookline

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02445

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US04/038682	11/17/04
US04/038682	An application claiming the benefit under 35 USC 119(e)	60/523059	11/18/03
US04/038682	An application claiming the benefit under 35 USC 119(e)	60/608267	09/09/04

Foreign Priority Information

Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center

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Street of mailing address:: 330 Brookline Avenue

City of mailing address:: Boston

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02215